

# CAROLINA ACCESS PROVIDER INFORMATION CHANGE FORM

For DMA Office Use Only			
EIS_____	EDS_____	ACCESS_____	COUNTY_____

Date: \_\_\_\_\_

CA Practice Name: \_\_\_\_\_

CA Practice Provider Number: \_\_\_\_\_ County: \_\_\_\_\_

**This CA practice requests the following change(s) be made to their CA application and information contained in CA databases:**

Change **CA practice name** to: \_\_\_\_\_

Please make change effective for CA (date): \_\_\_\_\_

Change **CA practice provider number** to: \_\_\_\_\_ Make change effective for CA (date): \_\_\_\_\_

Reason for number change: \_\_\_\_\_

**Terminate** CA practice provider number effective (date): \_\_\_\_\_ Reason: \_\_\_\_\_

Change **enrollment restriction information (i.e., ages 15 and up only)**: \_\_\_\_\_

New enrollment restriction code(s): \_\_\_\_\_

**Delete provider(s)** from practice: \_\_\_\_\_

**Add participating provider(s)** to practice: (Note: Medical license number of all new provider(s) **and** individual Medicaid provider number of new physician(s) **must** be included.)

Provider Name	Title	License Number	Individual Medicaid Provider Number (MDs Only)
---------------	-------	----------------	---

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Change **CA practice site address** to: \_\_\_\_\_

Change **CA practice mailing address** (if different from site address) to: \_\_\_\_\_

Change **telephone** number to: \_\_\_\_\_ Change **after-hours** telephone number to: \_\_\_\_\_

Change **enrollment limit** from: \_\_\_\_\_ to: \_\_\_\_\_ (Note: maximum 2000 per participating provider in this practice.)

Change **contact person** to: \_\_\_\_\_ Title: \_\_\_\_\_

**Add county(ies) served:** \_\_\_\_\_ **Delete county(ies) served:** \_\_\_\_\_

**Comments/Other:** \_\_\_\_\_

**Form Completed By:** \_\_\_\_\_ **Title:** \_\_\_\_\_

Note: Please fax form to the **DMA Provider Services** at **(919) 715-8548** Changes will be entered in the database(s) and changes made to the CA application on file.

This form is intended for use when making a change in the information originally provided on the Carolina ACCESS (CA) PCP application. Providers are also responsible for ensuring that information on file with the **Medicaid** program for their practice or facility remains up-to-date. (Please refer to the January 2001 Special Bulletin I, *Provider Enrollment Guidelines* for information on notifying Medicaid of a change within your practice.) Medicaid bulletins and other valuable information are available on the Division of Medical Assistance's Internet web site at <http://www.dhhs.state.nc.us/dma>.

Multiple changes may be indicated on the same change form. The following information **must** be included for each change request:

- CA practice name
- CA practice provider number
- Name and title of the person at the practice requesting the change

Fax the completed form to DMA Provider Services at (919) 715-8548. **Note:** It is not necessary to fax the back of the form (instructions) with the change form.

When changing a CA practice provider number, the reason for the number change **must** be provided. When terminating a CA practice provider number, DMA will disenroll all enrollees from your practice effective on the first day of the next calendar month provided that the request is received prior to the 12<sup>th</sup> working day before the last day of the month. Requests received after that day will be made effective on the first day of the month following the next calendar month. Therefore, enrollees **may** remain enrolled **through the end of the month** following the notification of changes. Providers will be notified of the effective date of the termination.

When adding a participating provider to a practice, the provider's title (e.g., M.D., N.P., Midwife, P.A.) and the medical license number must be included for **all** new providers. The physician's individual Medicaid provider number **must** also be included on the form. For nurse practitioners, midwives, or physician assistants only the license number is required. If any of the required information is missing from the change form, the provider(s) cannot be listed as a CA provider with the practice.

A new CA application is required when any of the following occurs:

- The provider or representative who signed the CA Agreement is no longer with the practice.
- The practice has had a change in ownership.
- All the providers in the practice have changed since the original application and Agreement were signed.
- Multiple change forms have been submitted and the original application is no longer valid.

If a change form is submitted, but it is deemed appropriate to request a new CA application, the provider will be contacted by DMA

**Note: When a new CA application and Agreement are sent to replace an existing application on file and the provider ID number is changing with the new application, a change form requesting the termination or cross referencing of the old number should be submitted together with the new application. This will prevent problems with management fee(s) and claim(s) payment(s). A new CA application can be obtained by calling DMA Provider Services at 919-857-4017.**

#### Enrollment Restriction Codes

- 01** No restriction
- 02** Established patients only
- 06** MPW only (pink card)
- 07** Dialysis patients-including nephrology-only (in same or contiguous counties)
- 08** Chronic infectious disease patients only (in same or contiguous counties)
- 09** Oncology patients only (in same or contiguous counties)
- 10** Established patients and siblings
- 11** Newborns only
- 14** Two track clinics: facilities serving two distinct populations
- 15** Age restriction

**Please call DMA Provider Services at 919-857-4017 if there are questions about the change form or the Carolina ACCESS application process.**